

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25829  
STATE FILE NUMBER

Registration District No. 309 Primary Registration District No. 6050 Registrar's No.

1. PLACE OF DEATH a. COUNTY Saint Challes				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- Portage twsp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR mile south of INSTITUTION John Goneyer place DOA Length of stay in lb				d. STREET ADDRESS (If outside, give location) 2203 Benton St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Michael Lee Jowett				4. DATE OF DEATH Month Day Year July 18, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 21, 1941	
				9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months Days 6 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY school		11. BIRTHPLACE (City and state or country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Eli Jowett				13b. MOTHER'S MAIDEN NAME Hazel McNaill		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Eli Jowett, 2203 Benton St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental drowning						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						9298	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Boys went into river to untangle lines and undercurrent swept them under.			
20c. TIME OF INJURY 2:00 a.m. 7-18-57				20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Miss. River at Alton Br. Portage Twsp. St. Chas. Mo.			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I, <del>John Goneyer</del> deceased from July 22, 1957 and last saw her alive on				22a. SIGNATURE (Degree or title) 3			
22b. ADDRESS 2203 Benton St. St. Louis, Mo.				22c. DATE SIGNED July 22, 1957			
23a. BURIAL, CREMATION, REMOVAL Removal		23b. DATE July 23, 1957		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Address Leiden Und. Co. 2223 St. Louis St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. July 25 1957		26. REGISTRAR'S SIGNATURE The Registrar	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4832

P. O. Address  .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.